

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014706

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 87 Primary Registration District No. 4565 Registrar's No. 13

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 19 1962

|                     |              |  |            |          |
|---------------------|--------------|--|------------|----------|
| VS 300<br>Rev. 4/59 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | DOCUMENT |
| 10290               |              |  |            |          |
| 30290               |              |  |            |          |
| 3                   |              |  |            |          |
| 4 0-                |              |  |            |          |
| 5 3-                |              |  |            |          |
| 6                   |              |  |            |          |
| 7 0                 |              |  |            |          |
| 8 2                 |              |  |            |          |
| 94222               |              |  |            |          |
| 10                  |              |  |            |          |
| 11                  |              |  |            |          |
| 12 7-0              |              |  |            |          |
| 13 4-0              |              |  |            |          |
|                     | SHOULD READ  | BY AFFIDAVIT OF                          |            |          |

USE BLACK INK OR TYPEWRITER RIBBON

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Crawford</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Crawford</b>              |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Böone Tswp.</b>   |   | c. CITY OR TOWN <b>Sullivan</b>  |  |
| Length of stay in lb <b>13 Yrs.</b>  |   | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R.R. 2, Bourbon, Mo.</b>  |   | d. STREET ADDRESS (If outside, give location) <b>R.R. 2, Bourbon, Mo.</b>  |  |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Oswald</b> Middle <b>Clifton</b> Last <b>Mattox</b>  |   |  | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>13</b> Year <b>1962</b>  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><b>1/25/1908</b>   |
| 9. AGE (last birthday) <b>54</b>   |   | IF UNDER 1 YEAR<br>Months <b> </b> Days <b> </b> Hours <b> </b> Min. <b> </b>  | IF UNDER 24 HR<br>Hours <b> </b> Min. <b> </b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Various</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Anthones Mill, Mo. U.S.A.</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   | 13a. FATHER'S NAME<br><b>Chattie L. Mattox</b>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Rose Harmon</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>*****</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>   |   | 16. SOCIAL SECURITY NO. <b>[REDACTED]</b>  |  |
| 17. INFORMANT<br><b>Arley Mattox Sullivan, Mo.</b>   |   | Address <b>Sullivan, Mo.</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocarditis</b>   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 yrs.</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b> </b><br>DUE TO (c) <b> </b>   |   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |  |
| 20c. TIME OF INJURY<br>Hour <b> </b> a.m. <b> </b> p.m. <b> </b>   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   | 20f. CITY, TOWN, OR LOCATION<br><b>Sullivan</b> COUNTY <b> </b> STATE <b> </b>   |
| 21. I attended the deceased from <b>Jan 1960</b> to <b>Apr 13 1962</b> and last saw her alive on <b>Apr. 10 1962</b><br>Death occurred at <b>AM</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |  |
| 22a. SIGNATURE<br><b>[Signature]</b> (Degree or title)   |   | 22b. ADDRESS<br><b>316 Elm St. Sullivan Mo.</b>  | 22c. DATE SIGNED<br><b>4/15/62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>4/16/1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>I.O.O.F. Cem.</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Sullivan Mo.</b>   |
| 24. FUNERAL DIRECTOR<br><b>H.M. Eaton, Sullivan, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>4-16-1962</b>   | 26. REGISTRAR'S SIGNATURE<br><b>[Signature]</b>  |

APR 1 1962

MAY 4 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harrison Jr. Eaton

Licensed Embalmer No. 5066

P. O. Address Bellwood, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.